



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER
FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

Please print or type all information and return to:

HOUSING AUTHORITY CITY OF EAU CLAIRE, P.O. BOX 1186, EAU CLAIRE, WI 54702-1186

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LAST NAME

FIRST NAME

MIDDLE INITIAL

APPLICATION FOR POSITION OF _____

DATE AVAILABLE _____ WHAT DAYS ARE YOU NOT AVAILABLE FOR WORK? _____

IF APPLYING FOR A SEASONAL OR TEMPORARY POSITION, AVAILABLE UNTIL _____

PRESENT
ADDRESS _____
STREET

CITY

STATE

ZIP

MAILING
ADDRESS _____
(If Different) STREET

CITY

STATE

ZIP

ARE YOU UNDER 18 YEARS OF AGE? ☐ YES ☐ NO HOME PHONE _____

CELL PHONE _____ BUSINESS PHONE _____

DO YOU HAVE ACCESS TO A CAR? (For some positions, a vehicle is required.) _____

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ YES ☐ NO IF YES, LICENSE # AND STATE: _____

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? ☐ YES ☐ NO IF YES, LICENSE # AND STATE: _____

REFERENCES

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

EDUCATION AND TRAINING:

Circle the highest grade or year completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Name & location of high school	If you did not complete High School, do you have a GED equivalency? <input type="checkbox"/> YES <input type="checkbox"/> NO
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TRAINING BEYOND HIGH SCHOOL (College or University, Business College or other schools you have attended. Circle the number of years in College or University. 1 2 3 4 5 6 7 8

NAME AND LOCATION	DATES ATTENDED From To	CREDITS EARNED	MAJOR FIELD	GPA	DEGREE CONFERRED AND YEAR

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also, include relevant licenses or certificates. Be specific.

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying.

WORK EXPERIENCE:

Provide a complete description even if you also submit a resume. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer	Kind of Business	Location (City & State)
Your Title	Reason for Leaving	Name and Address of Supervisor
Please list your job duties.		Dates Employed
		From (Month & Year) To (Month & Year)
		MONTHLY SALARY
		Beginning \$ Ending \$

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		Beginning \$ Ending \$

You may attach a separate sheet with additional pertinent information.

NOTICE TO APPLICANTS

Wisconsin Statutes, Section 19.36 (7), 64.09 (5), and 64.11 (7) require public employers to treat the following items as a public record: Each applicant's:

✓ Application ✓ Recommendations ✓ Records ✓ Qualifications

except as provided in Section 19.36 (7), Wisconsin Statutes which allows the identity of an applicant to remain confidential if the applicant requests in writing that the City not provide access to this information. If you choose not to have this information become a public record, you must make such a request in writing to the Human Resources Department. However, if you become a final candidate for any position with the City of Eau Claire, your identity may be disclosed as required by law.

APPLICANT TESTING NOTIFICATION

Applicants with disabilities requiring special accommodations or considerations for any of our testing processes must contact Human Resources prior to the date of the test to inform us of your request. No considerations will be made after tests have been administered.

CERTIFICATION STATEMENT: (Please read, sign and date the following statement.)

I am aware that a thorough investigation of my entire background, which may include, but not be limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check, is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Eau Claire or its agent upon presentation of this or copy thereof. I understand that the background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment. And further, I understand that Relatives closer than second cousins by blood or by marriage will not be employed in the same work group, which is usually defined as Department.

I hereby certify that all information provided in this application is true and I agree and understand that any false statements contained in this Application may cause rejection of this application or termination of employment.

SIGNATURE: _____

DATE: _____

OPTIONAL

The City of Eau Claire has adopted an Affirmative Action Plan. In an attempt to judge the effectiveness of our recruitment efforts, we request that you provide the following information. This information will in no way be used in the decision to hire or promote. All data is confidential and retained in the Affirmative Action Office.

GENDER: _____ Male _____ Female

HOW DO YOU DESCRIBE YOURSELF IN THE FOLLOWING TERMS? (Please check one.)

_____ White _____ Black _____ Asian Pacific
 _____ Hispanic _____ American Indian

Please tell us how you heard of this recruitment:

Newspaper: _____

Website: _____

Other: _____

_____ Word of mouth